



MEDICAL CARE POLICY ADMINISTRATION

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

201 WEST PRESTON STREET • BALTIMORE, MARYLAND 21201

Parris N. Glendening
Governor

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Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM

Rare and Expensive Case Management Program

Transmittal # No. 2

February 5, 1999

Case Management Providers for Children Diverted/Returned from Out-of-State Residential Treatment Facilities (SRI), Individuals with Developmental Disability, and Infants and Toddlers Programs

FROM: Susan J. Tucker, Acting Director 
Medical Care Policy Administration

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

Changes in Medicaid Payment Policy for the Following Case Management Programs: Case Management Providers for Children Diverted/Returned from Out-of-State Residential Treatment Facilities (SRI), Individuals with Developmental Disability, and Infants and Toddlers Programs

This transmittal is to inform the above providers that effective January 1, 1999, case management services listed above will be reimbursed when recipients are in the Rare and Expensive Case Management (REM) Program. This policy change is in accordance with the Notice of Final Action for COMAR Subtitle 09, published in the *Maryland Register* on December 18, 1998 (see attached).

All claims for dates of service beginning January 1, 1999 for the above referenced case management services provided to REM recipients must be forwarded to the Medicaid Program for reimbursement.

If further information is required regarding case management for the Infants and Toddlers Programs, please contact Ms. Rose Ann Meinecke at (410) 767-1485. For more information related to SRI and Individuals with Developmental Disability, please contact Mr. Willard Dixon at (410) 767-5220.

... as a group senior assisted housing facility by the [[Office on Aging]] Department of Aging, or certified by the Department of Human Resources as a C.A.R.E. home before the effective date of this chapter shall provide at least 70 square feet of functional space for single occupancy residential rooms and 120 square feet of functional space for double occupancy residential rooms.

(4) (1) (proposed text unchanged)

B. — C. (proposed text unchanged)

.47 Compliance Monitoring.

A. (proposed text unchanged)

B. In accordance with an interagency agreement, the Department may designate certain aspects of the monitoring, inspection, or waiver responsibilities to the [[Office on Aging]] Department of Aging, the Department of Human Resources, or a local health department.

C. (proposed text unchanged)

D. The Department shall conduct an on-site precertification survey and resurvey within 6 months for each applicant which is not, as of the date of final adoption of this chapter, licensed or certified by the Department, the [[Office on Aging]] Department of Aging, the Department of Human Resources as a domiciliary care center, group sheltered housing or C.A.R.E. home.

E. — F. (proposed text unchanged)

MARTIN P. WASSERMAN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 09 MEDICAL CARE PROGRAMS

10.09.20 Personal Care Services

Authority: Health-General Article, §§2-104(b), 15-103 and 15-105, Annotated Code of Maryland

Notice of Final Action
(98-321-F)

On November 24, 1998, amendments to Regulation .07 under COMAR 10.09.20 Personal Care Services were adopted by the Secretary of Health and Mental Hygiene. This action, which was proposed for adoption in 25:21 Md. R. 1805 — 1806 (October 9, 1998), has been adopted as proposed.

Effective Date: December 28, 1998.

MARTIN P. WASSERMAN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 09 MEDICAL CARE PROGRAMS

Authority: Health-General, §§2-104(b), 15-103, and 15-105, Annotated Code of Maryland

Notice of Final Action
(98-275-F)

On December 7, 1998 amendments to Regulation .01 under COMAR 10.09.62 Maryland Medicaid Managed Care Program: Definitions: Regulations .01, .02, and .04 under COMAR 10.09.63 Maryland Medicaid Managed Care Program: Eligibility and Enrollment: Regulation .06 under COMAR 10.09.64 Maryland Medicaid Managed Care Program: MCO Application: Regulations .02, .03, .05, .08, .11, 11-1, 11-2, 15, .16, .20, and new Regulations .24 and .25 under COMAR 10.09.65 Maryland

Medicaid Managed Care Program: Managed Care Organizations: Regulation .07 under COMAR 10.09.66 Maryland Medicaid Managed Care Program: Access: Regulations .01, .04, .06, .07, .10, .13, .21, and .28 under COMAR 10.09.67 Maryland Medicaid Managed Care Program: Benefits: Regulations .01, .02, .09, .10, and .14 under COMAR 10.09.69 Maryland Medicaid Managed Care Program: Rare and Expensive Case Management and Stop Loss Case Management: Regulation .10 under COMAR 10.09.70 Maryland Medicaid Managed Care Program: Specialty Mental Health System: and Regulations .01 — .03 under COMAR 10.09.72 Maryland Medicaid Managed Care Program: Departmental Dispute Resolution Procedures were adopted by the Secretary of Health and Mental Hygiene. This action, which was proposed for adoption in 25:21 Md. R. 1805 — 1806 (October 9, 1998) has been adopted with the nonsubstantive changes below.

Effective Date: January 1, 1999.

Attorney General's Certification

In accordance with State Government Article, §10-113, Annotated Code of Maryland, the Attorney General certifies that the following changes do not differ substantively from the proposed text. The nature of the change and the basis for this conclusion are as follows: COMAR 10.09.67.14C: The final regulations differ from the proposed regulations in one way. In COMAR 10.09.67.14C, the Department was precluded from paying for certain types of case management services if the recipients were in the REM program. Because the REM program provides case management services, the regulation was intended to eliminate payment for comparable and duplicate case management services available under other Department of Health and Mental Hygiene programs. Case managers in the REM program commented orally to program staff that three of the case management services that were identified in the proposed regulations as comparable to the REM case management services were actually not comparable. They are:

- (a) Targeted case management for individuals with developmental disabilities as described under COMAR 10.09.48;
- (b) Targeted case management for infants and toddlers as described in COMAR 10.09.40; and
- (c) Targeted case management for children diverted/returned from out-of-State residential treatment facilities (SRI) as described in COMAR 10.09.49.

Therefore, the final regulation deletes those types of case management services from the list of those for which payment is precluded. As a result, the Department may reimburse providers for any of those three types of case management services, if that service is medically necessary and appropriate for a REM program recipient.

The change from the originally proposed text does not decrease, in any significant way, the benefits that would have been achieved by the regulations as proposed, and the proposed change does not increase, in any significant way, the burden that would have been imposed by the regulation as proposed. Specifically, the change provides increased access to targeted case management for specific REM populations. No burden is imposed by this change because providers can be reimbursed for providing these services. None of the affected populations are adversely affected by the change.

10.09.69 Maryland Medicaid Managed Care Program: Rare and Expensive Case Management and Stop Loss Case Management

.14 Limitations.

A. — B. (proposed text unchanged)

C. In the REM program, the Department may not pay for the following comparable case management services:

(1) HIV targeted case management as described in COMAR 10.09.32, except for HIV Diagnostic Evaluation Services as described in COMAR 10.09.32.03C and .04A; and

(2) Healthy Start Case Management as described in COMAR 10.09.38[];

(3) Targeted case management for individuals with developmental disabilities as described in COMAR 10.09.48;

(4) Targeted case management for infants and toddlers as described in COMAR 10.09.40; and

(5) Targeted case management for children diverted/returned from out-of-State residential treatment facilities (SRI) as described in COMAR 10.09.49[].

MARTIN P. WASSERMAN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 21 MENTAL HYGIENE REGULATIONS

10.21.26 Community Mental Health Programs — Residential Crisis Services

Authority: Health-General Article, §§10-901 and 10-902, Annotated Code of Maryland

Notice of Final Action
[98-257-F]

On November 24, 1998, the Secretary of Health and Mental Hygiene adopted new Regulations .01 — .12 under a new chapter, COMAR 10.21.26 Community Mental Health Programs — Residential Crisis Services. This action, which was proposed for adoption in 25:16 Md. R. 1313 — 1319 (July 31, 1998), has been adopted as proposed.
Effective Date: December 28, 1998.

MARTIN P. WASSERMAN, M.D.
Secretary of Health and Mental Hygiene

Title 13A

STATE BOARD OF EDUCATION

Subtitle 12 CERTIFICATION

13A.12.06 Professional Standards and Teacher Education Board

Authority: Education Article, §§13-506, Annotated Code of Maryland

Notice of Final Action
[98-254-F]

On November 5, 1998, the Professional Standards and Teacher Education Board (PSTEB) adopted new Regulation .01 and the amendment and recodification of Regulations .04 — .07 as Regulations .02 — .08 under COMAR

13A.12.06 Professional Standards and Teacher Education Board. This action was taken at a public meeting, notice of which was given by the PSTEB agenda pursuant to State Government Article, §10-506(c), Annotated Code of Maryland. The State Board of Education approved this action on September 23, 1998. This action, which was proposed for adoption in 25:16 Md. R. 1328 (July 31, 1998) has been adopted as proposed.

Effective Date: December 28, 1998.

NANCY S. GRASMICK
State Superintendent of Schools

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DEPARTMENT OF THE ENVIRONMENT

Subtitle 12 RADIATION MANAGEMENT

26.12.01 Radiation Protection

Authority: Environment Article, §§8-106 and 8-301, Annotated Code of Maryland

Notice of Final Action
[98-304-F-I]

On November 17, 1998, the Secretary of Environment adopted amendments to Regulation .01 under COMAR 26.12.01 Radiation Protection. This amendment, which was proposed for adoption in 25:19 Md. R. 1505 — 1507 (September 11, 1998), has been adopted as proposed.

Effective Date: December 28, 1998.

JANE T. NISHIDA
Secretary of the Environment

Title

MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS (MIEMSS)

Subtitle 02 EMERGENCY MEDICAL SERVICES PROVIDERS

Authority: Education Article §§13-509 and 13-516(d)(1); Health Occupations Article, §§14-205, 14-303, and 14-305; Annotated Code of Maryland, Ch. 201, Acts of 1997

Notice of Final Action
[98-329-F-I]

On December 8, 1998, the State Emergency Medical Services (EMS) Board adopted new Regulations .01 — .02 under a new chapter, COMAR 30.02.01 Definitions and Documents Incorporated by Reference; new Regulations .01 — .12 under a new chapter, COMAR 30.02.02 Licensure and Certification; new Regulations .01 — .03 under a new chapter, COMAR 30.02.03 Scope of Practice and Duties; new Regulations .01 — .02 under a new chap-